



Office use only:
Date Paid: _____
Amount Paid: _____

Campus Bible Church

4710 N. Maple
Fresno, CA 93726
(559) 291-9116

Vacation Bible School Registration Form

Child's Name: _____ D.O.B.: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Work Phone: _____

Home Church: _____ Invited by: _____

In case of Emergencies, please contact: _____

Relationship to child: _____ Phone: _____

Allergies or medical conditions: _____

School grade 2010-2011: _____

Registration Fee: \$5.00 (Family cap of \$20.00)

Please turn over and completely fill out other side.

LIABILITY/MEDICAL RELEASE:

I, _____, understand that every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution unforeseen events can occur. By signing this form, I agree to assume and accept all risks and hazards inherent in church-related activities. I also agree that I will not hold Campus Bible Church or its employees or volunteer assistants liable for damages, losses or injuries to the person named on this form.

I give permission for my child to participate in all activities as part of the ministry of Campus Bible Church of Fresno, California. As parent or legal guardian of said minor, I accept full responsibility for my child's participation in C.B.C. activities. I will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release C.B.C. from any liability. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person standing loco parentis to my child pursuant to A.R.S.S. 44-133. It is understood that my child will obey all regulations and follow instructions of the leaders.

Participant or Parent/Legal Guardian Signature: _____

Print Signer's Name: _____ Date: _____

PUBLICITY RELEASE:

I hereby give permission to Campus Bible Church to photograph or video tape myself/my child during church group events and activities and to use the photographs and video in Campus Bible Church audio-visual and printed materials without compensation or approval rights.

I agree with the statement above.

I wish for myself/my child not to be photographed or video taped during any group event or activity.

Participant or Parent/Legal Guardian Signature: _____

Print Signer's Name: _____ Date: _____

EMERGENCY NOTIFICATION INFO:

Name: _____ Relationship: _____

Address: _____ H/W Phone: _____

City: _____ Cell Phone: _____

INSURANCE:

Our church's insurance policy is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while participating in activities on the church premises.

Your Insurance Company: _____ Contact: _____

Policy Number: _____ Phone: _____